



PATENT
Attorney Docket No. MEE-0


1644 \$
RECEIVED
APR 30 2002
TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Miller et al.
SERIAL NO.: 09/780,142 GROUP NO.: 1644
FILING DATE: February 9, 2001 EXAMINER: Huynh, P.
TITLE: METHODS AND COMPOSITIONS FOR TREATING CONDITIONS
OF THE EYE

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 25th day of April 25, 2002.


Keri Lennon

Commissioner for Patents
Washington, D.C. 20231

Sir:

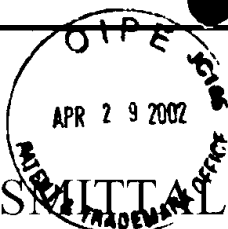
Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Preliminary Amendment and Response to Restriction Requirement (9 pages);
4. Petition for Extension of Time (1 page);
5. Information Disclosure Statement (2 pages);
Form PTO-1449 (6 pages);
Copies of IDS Citations (Refs. A1-A7; B1-B7; C1-C86);
Check in the amount of \$55.00; and
Return Receipt Postcard

BEST AVAILABLE COPY

RECEIVED
JUN 07 2002
TECH CENTER 1600/2900

TRANSMITTAL FORM



Application Serial Number	09/780,142
Filing Date	February 9, 2001
First Named Inventor	Miller
Group Art Unit	1644
Examiner Name	Huynh, P.
Attorney Docket No.	MEE-002
Patent No.	Not applicable
Issue Date	Not applicable

TECH CENTER 1600/2900

APR 30 2002

RECEIVED

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: April 25, 2002
 Reg. No. 38,678
 Tel. No.: (617) 248-7317
 Fax No.: (617) 248-7100

Respectfully submitted,

Duncan A. Greenhalgh
 Attorney for the Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

RECEIVED
JUN 07 2002

TECH CENTER 1600/2900

FEE TRANSMITTAL FY 2001

APR 29 2002

Complete if Known

Application Serial Number 09/780.142
Filing Date February 9, 2001
First Named Inventor Miller
Group Art Unit 1644
Examiner Name Huynh, P.
Attorney Docket No. MEE-002

TECH CENTER 1600 2900

APR 30 2002

RECEIVED

JUN 07 2002

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td>55.00</td> </tr> <tr> <td>390</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>890</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1,390</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1,890</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>310</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>270</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>50</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>710</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	For filing a request for reexamination		110	55	Extension for reply within first month	55.00	390	195	Extension for reply within second month		890	445	Extension for reply within third month		1,390	695	Extension for reply within fourth month		1,890	945	Extension for reply within fifth month		310	155	Notice of Appeal		310	155	Filing a brief in support of an appeal		270	135	Request for oral hearing		130	130	Petitions to the Commissioner		50	50	Petitions related to provisional applications		180	180	Submission of Information Disclosure Statement		710	355	Filing a submission after final rejection (37 CFR 1.129(a))		710	355	For each additional invention to be examined (37 CFR 1.129(b))		Other fee (Specify)				Other fee (Specify)			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																				
130	65	Surcharge - late filing fee or oath																																																																																					
50	25	Surcharge - late provisional filing fee or cover sheet																																																																																					
130	130	Non-English specification																																																																																					
2,520	2,520	For filing a request for reexamination																																																																																					
110	55	Extension for reply within first month	55.00																																																																																				
390	195	Extension for reply within second month																																																																																					
890	445	Extension for reply within third month																																																																																					
1,390	695	Extension for reply within fourth month																																																																																					
1,890	945	Extension for reply within fifth month																																																																																					
310	155	Notice of Appeal																																																																																					
310	155	Filing a brief in support of an appeal																																																																																					
270	135	Request for oral hearing																																																																																					
130	130	Petitions to the Commissioner																																																																																					
50	50	Petitions related to provisional applications																																																																																					
180	180	Submission of Information Disclosure Statement																																																																																					
710	355	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																					
710	355	For each additional invention to be examined (37 CFR 1.129(b))																																																																																					
Other fee (Specify)																																																																																							
Other fee (Specify)																																																																																							
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																																																																							
3. <input checked="" type="checkbox"/> Applicant claims small entity status.																																																																																							
FEE CALCULATION																																																																																							
1. FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>710</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>320</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>150</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims:</td> <td>- 20 =</td> <td></td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims:</td> <td>- 3 =</td> <td></td> <td>x \$ 80.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$270.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table>				Large Entity Fee (\$)	Fee Description	Fee Paid	710	Utility filing fee		320	Design filing fee		150	Provisional filing fee			Number Filed	Number Extra	Rate	Amount	Total Claims:	- 20 =		x \$ 18.00 =		Independent Claims:	- 3 =		x \$ 80.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$270.00 =	TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$)																																					
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																																					
710	Utility filing fee																																																																																						
320	Design filing fee																																																																																						
150	Provisional filing fee																																																																																						
	Number Filed	Number Extra	Rate	Amount																																																																																			
Total Claims:	- 20 =		x \$ 18.00 =																																																																																				
Independent Claims:	- 3 =		x \$ 80.00 =																																																																																				
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$270.00 =																																																																																			
TOTAL:																																																																																							
SMALL ENTITY DISCOUNT:																																																																																							
SUBTOTAL (1)				(\$)																																																																																			
2. AMENDMENT CLAIM FEES <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 80.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$270.00 =</td> </tr> <tr> <td colspan="4">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 80.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$270.00 =	TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$)	SUBTOTAL (3) (\$)																																																
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																																			
Total	-	=	x \$ 18.00 =																																																																																				
Indep.	-	=	x \$ 80.00 =																																																																																				
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$270.00 =																																																																																			
TOTAL:				(\$)																																																																																			
SMALL ENTITY DISCOUNT:				(\$)																																																																																			
SUBTOTAL (2)				(\$)																																																																																			
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																																																																			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, Date: April 25, 2002 Reg. No.: 38,678 Tel. No.: (617) 248-7317 Fax No.: (617) 248-7100 Duncan A. Greenhalgh Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																			